

RESPONSE TO THE REVIEWER

Q1. Endoscopist identified some of the polyps during insertion by using HD-WLE. Therefore they were not blind to the polyps during withdrawal. I think that would be better if a different endoscopist withdrew the endoscope after reaching the caecum.

A1. We appreciate the idea of the reviewer and agree that a second endoscopist to perform the withdrawal would be ideal to avoid this bias. Unfortunately the design of the study was such that all polyps which were detected on insertion were also reassessed and characterised on withdrawal in both arms. We assumed this bias would have been negated.

Q2. What were the standard positions during withdrawal of the endoscope?

A2. Left lateral position was used as a standard during withdrawal of endoscope in both arms. (This information had been included in the edited version of the manuscript)

Q3. Were there any differences in the suggested surveillance intervals based on findings of HD-WLE and b-NBI?

A3. This study was not designed to evaluate the first PIVI threshold (agreement in post-polypectomy surveillance intervals). Only PIVI 2 threshold was evaluated (NPV for adenomatous diminutive polyps in rectosigmoid region).

Q4. Were there any differences between the ADR of HD-WLE and b-NBI in specific locations such as right colon?

A4. This study divided the polyp location based on left colon and right colon. For these, there were no differences between HD-WLE and b-NBI (Table 2). More specific locations (e.g. Caecum, hepatic flexure, etc.) were not evaluated.